



Objectives



Objectives



- Identify who is eligible for TRS
- Explain how a beneficiary enrolls and disenrolls in TRS
- Discuss the care covered by TRS
- Describe how the TRS benefit works with other TRICARE benefits

TRICARE Reserve Select

A new TRICARE benefit has been implemented that is designed to help certain members of the Reserve Component after release from active duty. TRICARE Reserve Select is the premium-based TRICARE health plan offered for purchase to certain National Guard and Reserve members (also referred to as Reserve component members) who have been activated in support of a contingency operation since September 11, 2001 and who meet certain eligibility conditions. It can be used to extend the member's health care benefits beyond the standard Transitional Assistance Management Program (TAMP) benefits.

Selected Reserve Service Agreement

- To establish eligibility for TRICARE Reserve Select, the Reserve Component member must enter into a Service Agreement with their Reserve component to stay in the Selected Reserve for one or more whole years.
- *Note:* Just signing the Service Agreement does not guarantee a Selected Reserve billet. Reserve component members must work with their Service/Reserve component after leaving active duty to execute the agreement (be in the Selected Reserve) by the time their TRS coverage begins. When the agreement has been executed, the member becomes eligible to purchase TRS.

- For members separated from qualifying active duty service on or before April 26, 2005, they must execute a Service Agreement by October 28, 2005.
- For members who separate from qualifying active duty service on or after April 27, 2005, they must execute a Service Agreement within four months after leaving active duty.

Eligibility

Eligibility to purchase TRICARE Reserve Select is established with the personnel offices of the member's Service/Reserve component. Reserve component members may be eligible to purchase TRICARE Reserve Select for themselves and their family members if they meet the following conditions.

1. Were called or ordered to active duty under Title 10 in support of a contingency operation for more than 30 consecutive days on or after September 11, 2001.
2. Served continuously on active duty for 90 days or more under such call or order—the length of time served determines the maximum period of coverage offered under TRICARE Reserve Select.
 - *Note:* If the National Guard/Reserve member is otherwise eligible, but did not serve continuously on active duty for 90 days under such call or order due to an injury, illness, or disease incurred or aggravated while they were activated, the member may be eligible for one year of TRICARE Reserve Select coverage.
3. Entered an agreement to serve in the Selected Reserve.
 - All Reserve component members who separated from qualifying active duty service must work with their Service/Reserve component to execute the Service Agreement.
 - For members separated from qualifying active duty service on or before April 26, 2005, they must execute their Service Agreement by October 28, 2005.
 - If members have not executed a Service Agreement by October 28, 2005, members give up the opportunity to purchase TRICARE Reserve Select coverage.

- For members who separate from qualifying active duty service on or after April 27, 2005:
 - They must enter into a Service Agreement prior to leaving active duty through the Guard-Reserve Portal at: www.dmdc.osd.mil/Guard-ReservePortal from any Web browser.
 - If they do not enter into a Service Agreement before separation, they give up their opportunity to purchase TRICARE Reserve Select coverage for their period of active duty.
 - *Note:* Entering into a Service Agreement does not guarantee a Selected Reserve billet.
 - And they must contact their Service/Reserve component within four months after leaving active duty to execute their Service Agreement.

Enrollment

Once a Reserve Component member executes the Service Agreement, the Service/Reserve component will record eligibility in DEERS allowing the Reserve component member to purchase TRICARE Reserve Select.

Upon the DEERS update, the Reserve component member will have access to the TRICARE Reserve Select enrollment form available for download on the Guard-Reserve Portal at www.dmdc.osd.mil/Guard-ReservePortal.

The Reserve component member should print their personalized enrollment form from the Guard-Reserve Portal. Then the Reserve component member should follow the instructions on their TRICARE Reserve Select enrollment form, complete the form, choose what type of coverage they want to purchase, and submit it with a one-month premium payment to their TRICARE regional contractor so they receive it no later than 30 days before the end of TAMP. This will ensure there is no interruption in their health care coverage.

Type of Coverage

- When Reserve component members complete their TRICARE Reserve Select (TRS) enrollment form, they must select one of the types of coverage:
 - TRS member-only coverage, or
 - TRS member and family coverage

Changing the Type of Coverage

Members can change the type of coverage after their TRICARE Reserve Select coverage begins only if they have a qualifying life event:

- A change in family composition (e.g., birth of a child, marriage or divorce of the member, loss of eligibility, etc.)
- When there is an event affecting family health coverage (e.g., employment change)

Note: There is no open season for any type of coverage changes at any time.

Coverage Provided

TRICARE Reserve Select offers comprehensive health coverage similar to TRICARE Standard and TRICARE Extra. TRS coverage includes:

- Urgent and emergency care including ambulance services
- Family health care
- Obstetrics, gynecology, and maternity services
- Clinical preventive services including health screening and immunizations
- Behavioral health care including partial hospitalization and residential treatment
- Annual eye examinations
- Durable medical equipment (DME) and supplies
- Ancillary services such as laboratory and radiology
- Prescription drug coverage

The beneficiary has access to care from any TRICARE authorized provider, hospital, or pharmacy—TRICARE network or non-network from the day their coverage begins.

Covered members may access care from a military treatment facility (MTF) on a space-available basis only.

Pharmacy Coverage

- Pharmacy coverage is available from the:
 - TRICARE Mail Order Pharmacy (TMOP)
 - TRICARE Network Retail Pharmacies
 - Non-network Retail Pharmacies
 - MTF pharmacies

Period of Coverage

The National Guard or Reserve member may be eligible for one whole year of TRICARE Reserve Select coverage for each whole year of service commitment in the executed Service Agreement, up to a maximum of one whole year of coverage for each 90 days of continuous active duty served in support of a contingency operation.

The table below shows possible periods of coverage

Days Served on Active Duty	Maximum Period of Coverage	Service Agreement
1-89 days	None*	NA
90-179 days	1 year	1 or more years
180-269 days	2 years	2 or more years
270-359 days	3 years	3 or more years
360-449 days	4 years	4 or more years
* Reserve component members who are otherwise eligible, but did not serve continuously on active duty for 90 days solely because of an injury, illness or disease incurred or aggravated while activated, may be eligible for one whole year of TRICARE Reserve Select coverage.		

For example, a Reserve component member who served one year in support of a contingency operation may qualify for four years of coverage if the Service Agreement is for four whole years.

However, if the Service Agreement is for only two years, TRICARE Reserve Select will be for only two whole years of coverage.

This two-year coverage period cannot be extended, even with an extension of Selected Reserve service for two more years.

Overseas

TRICARE Reserve Select is available outside the 50 United States. The TRICARE South region contractor will handle enrollment, billing, and customer support services for these areas. TRICARE Area Offices overseas can provide information about accessing health care in overseas locations.

Premium Billing and Payment

The monthly premiums for calendar year 2005 are:

- \$ 75.00 for TRS member-only coverage
- \$233.00 for TRS member and family coverage

Monthly premiums are required for TRICARE Reserve Select coverage and are adjusted effective January 1st each year. The most up to date premiums can be reviewed at www.tricare.osd.mil/reserveselect.

Initial premium payments, submitted with the completed TRICARE Reserve Select enrollment form equal to one-month's premium for the type of coverage selected, may be paid by:

- Check, money order, or cashier's check payable to the appropriate TRICARE regional contractor, or
- Visa®/MasterCard® (specify card number, expiration date, and cardholder's signature).

After the initial payment (included with the enrollment form), the servicing TRICARE regional contractor will send a bill by the 10th day of each month and the payment is due no later than the 30th day of each month.

Premium payments are due in advance and will apply to coverage for the following month of coverage. The bill will specify how to change the method of payment to include automatic Visa®/MasterCard® payment and electronic fund transfer (EFT) from a beneficiary-designated financial institution.

Disenrollment

Failure to pay monthly premiums on time will result in disenrollment which is permanent unless the Reserve component member is reactivated for a contingency operation and qualifies again for TRICARE Reserve Select.

If members disenroll from TRICARE Reserve Select, they may not re-enroll unless they are recalled to active duty and re-qualify for a new period of coverage. They must be a member of the Selected Reserve at the time of enrollment in the TRICARE Reserve Select.

Transitioning from TAMP

- For members who were enrolled in TRICARE Prime during the TAMP period, their TRICARE Prime benefit ends on the last day of the TAMP period.
 - If the Primary Care Manager (PCM) was a TRICARE network provider, the member may be able to continue seeing that provider. However, cost shares will apply for outpatient visits.
 - If the member was enrolled in TRICARE Prime at a Military Treatment Facility (MTF) PCM, the member will be able to see that provider on a space-available basis since TRICARE Prime (and assignment to a PCM) is not available under TRICARE Reserve Select.
- For Reserve component members who used TRICARE Standard or TRICARE Extra during the TAMP period, they may continue seeing the same provider under TRICARE Reserve Select.
 - To locate a TRICARE network or non-network TRICARE-authorized provider, members may visit the TRICARE provider directory at www.tricare.osd.mil/providerdirectory or call their regional contractor for assistance

When Coverage Begins

After purchasing TRICARE Reserve Select, TRS members will receive a welcome letter with TRS wallet cards for each covered member of the family.

This card contains key phone numbers and other information to assist with health care coverage. Health care providers may want to see this card before delivering care.

For Reserve component members who separated from qualifying active duty service on or after April 27, 2005, coverage begins the first day after the Reserve component member's TAMP coverage ends. Since TAMP covers 180 days, TRICARE Reserve Select starts on the 181st day.

For Reserve component members who separated from qualifying active duty service on or before April 26, 2005, coverage begins either the day the Service Agreement is executed or the first day after TAMP coverage ends, whichever is later.

Costs

- Beneficiaries are responsible for monthly premiums, annual deductibles, and cost shares.
- The government shares the cost for covered services with beneficiaries only after deductibles have been paid.

	Annual Deductible for an Individual per Fiscal Year*	Annual Deductible for a Family per Fiscal Year*
National Guard/Reserve member whose rank is E-1 to E-4	\$50	\$100
National Guard/Reserve member whose rank is E-5 and above	\$150	\$300

* Fiscal Year is October 1 through September 30.

The beneficiary must first pay the deductible per individual or family per fiscal year. The deductible applies to outpatient care only.

Cost Shares

After the annual deductible has been met, the beneficiary will pay 15 percent for care received from a TRICARE network provider (TRICARE Extra) or 20 percent for care received from a non-network, TRICARE-authorized provider (TRICARE Standard).

Catastrophic Cap

- The catastrophic cap is the maximum out-of-pocket expense per fiscal year a beneficiary pays for TRICARE-covered services or supplies.
- The catastrophic cap is \$1,000 for the member or member and their family.
 - *Note:* Monthly premium payments do not apply to the catastrophic cap.

If Eligible for Other TRICARE Health Coverage

If a TRS member becomes eligible for another TRICARE health benefit for any reason, the TRICARE Reserve Select coverage and premium payments are suspended. However, the end date for the original period of coverage is unchanged.

For example:

- If a member was initially activated in a contingency operation for a year and committed to four years of service in the Selected Reserve, the member qualifies for four years of TRICARE Reserve Select.
- Then two years after starting TRICARE Reserve Select coverage, the member is reactivated for 180 days.
 - The member becomes eligible for 180 days of TRICARE coverage (90 days of early eligibility and 90 days while on active duty).
 - The member's original TRICARE Reserve Select benefit continues to run, but the member and his or her family are now covered by active duty military health benefits followed by 180 days of TAMP coverage upon release.
 - Following the termination of TAMP, the member's TRICARE Reserve Select coverage resumes until the original termination date, leaving the member with one year of coverage remaining.

While covered under active duty health care benefits and TAMP, the member will not be responsible for TRICARE Reserve Select premium payments. The member may establish a new period of coverage by executing a new Service Agreement with the Selected Reserve.

Programs not Available with TRICARE Reserve Select

The following programs are not available under TRICARE Reserve Select:

- TRICARE Reserve Family Demonstration Program (and its successor program that includes waiver of deductibles and higher payments to providers)
- The Program for Persons with Disabilities
- Uniformed Services Family Health Plan
- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Prime Remote for Active Duty Family Members
- TRICARE Overseas Program Prime
- TRICARE Global Remote Overseas
- TRICARE Prime in Puerto Rico

TRICARE Reserve Select

TRO-North

Health Net Federal Services, Inc.
TRICARE Reserve Select Enrollment
PO Box 870162
Surfside Beach, SC 29587-9762
(800) 555-2605
www.hnfs.net/bene/home

TRO-South

Humana Military Healthcare Services, Inc.
PO Box 105389
Atlanta, GA 30348-5389
(800) 444-5445
www.humana-military.com

TRO-West

TriWest Healthcare Alliance
PO Box 42048
Phoenix, AZ 85080-2048
888-TRIWEST
(888) 874-9378
www.triwest.com

TRICARE Overseas

Humana Military Healthcare Services, Inc.
PO Box 105838
Atlanta, GA 30348-5838
(800) 444-5445
www.humana-military.com